

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: MESOFT INC.

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 1196 BORREGAS AVE, SUITE 101
SUNNYVALE, CA 94089

Name of Agent Designated to Receive Notification of Claimed Infringement: KRISHNA MENDON

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

1196 BORREGAS AVE, SUITE 101
SUNNYVALE, CA 94089

Telephone Number of Designated Agent: 408-744-0300, ext. 101

Facsimile Number of Designated Agent: 408-744-9075

Email Address of Designated Agent: KRISHNA.MENDON@MESOFT.COM

Signature of Agent or Representative of the Designating Service Provider: _____

Date: 04-22-08

Typed or Printed Name and Title: SVP, PRODUCT DEVELOPMENT

**Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee
Made Payable to the Register of Copyrights.**

SCANNED 06-30/2008



RECEIVED

APR 28 2008
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